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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Michael SCALORA *et al.*

Appln. No. 09/782,517

Filed: February 14, 2001

Confirmation No. 7518

Allowed: October 24, 2005

For: LIQUID CRYSTAL DISPLAY DEVICE  
AND LIGHT EMITTING STRUCTURE  
WITH PHOTONIC BAND GAP  
TRANSPARENT ELECTRODE  
STRUCTURES

Art Unit: 2871

Examiner: R.H. Kim

Atty. Docket No. 28549-202507

Customer No.

26694

PATENT TRADEMARK OFFICE

**NOTIFICATION OF CHANGE OF STATUS**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**Attention: MAIL STOP – ISSUE FEES**

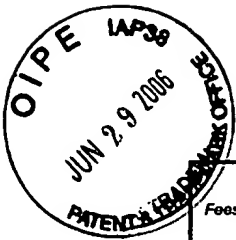
Sir:

The small-entity status is hereby rescinded, and large-entity status is now claimed for the above-identified patent application.

Respectfully submitted,

Date: June 29, 2006

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PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>Effective on 12/08/2004.</b> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		Application Number	09/782,517
		Filing Date	February 14, 2001
		First Named Inventor	Michael SCALORA
		Examiner Name	R.H. Kim
		Art Unit	2871
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	28549-202507
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$)</b>	<b>40.00</b>

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify)	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>						<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 20 =		x	=				
HP = highest number of total claims paid for, if greater than 20.							
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>				
- 3 =		x	=				
HP = highest number of total claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
- 100 =		/50	(round up to a whole number) x	=			
<b>4. OTHER FEE(S)</b>							
<b>Fees Paid (\$)</b>							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge):							
<b>ASSIGNMENT RECORDATION FEE \$ 40.00</b>							

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	33,471
Name (Print/Type)	Robert S. Babayi	Telephone	(202) 344-4000
		Date	June 29, 2006

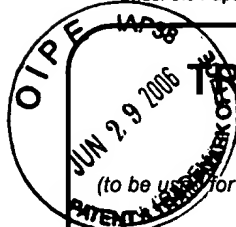
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PTO/SB/21 (08-00)  
Approved for use through 10/31/2002. OMB 0651-0031

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/782,517
		Filing Date	February 14, 2001
		First Named Inventor	Michael SCALORA
		Group Art Unit	2871
		Examiner Name	R.H. Kim
Total Number of Pages in This Submission	5	Attorney Docket Number	28549-202507

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Response  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Response to Restriction Requirement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Assignment and Recordation Form Cover Sheet  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group ( <i>Appeal Notice, Brief, Reply Brief</i> )  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  · NOTIFICATION OF CHANGE OF STATUS
<div>Remarks</div>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Robert S. Babayi - Reg. No. 33,471	26694
Signature		
Date	June 29, 2006	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450b on this date: _____			
Typed or printed name			
Signature		Date	

**VENABLE**  
ATTORNEYS AT LAW

SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, 22313-1450.  
764391